I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450 on August 9, 2004 by Patrick J. Finnan.

AUG 1 0 2004 JE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patrick Finnan

**RECEIVED** 

AUG 1 3 2004

**Technology Center 2100** 

Appl. No. : 09/256,647

Applicant : Gigi CHU et al. Filed : February 23, 1999

TC/A.U. : 2153 Examiner : Dinh, D.

Examiner : Dinn, D.

Confirmation No. : 1090

Docket No. : 2212.0018C

Customer No. : 27896

Title : Network Monitoring System

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## TRANSMITTAL OF RESPONSE

Enclosed are the following documents in response to the Office Action mailed **April 9, 2004** for the above-identified application:

| $\boxtimes$ | Amendment/Response                           |
|-------------|--|
| $\boxtimes$ | Petition for Extension of Time               |
|             | Request for Approval of Drawing Changes      |
|             | Information Disclosure Statement             |
|             | Notice of Appeal                             |
|             | Associate Power                              |
|             | Revocation and New Power                     |
|             | Change of Address                            |
|             | Return receipt postcard                      |
| $\boxtimes$ | Other: Check No. 7927 in the amount of \$55. |

Other: Check No. 7927 in the amount of \$55.00 for payment of the one-month Petition for Extension of Time fee.

## The fee has been calculated as follows:

|  | NO. OF<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | NO. OF<br>CLAIMS<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS | RATE      | FEE     |
|--|---|--|-----------------|-----------|---------|
| Total<br>Claims  | 31  | - 27 =                                     | 4               | x \$18.00 | 72.00   |
| Independent<br>Claims  | 4   | - 6 =                                      | 0               | x \$86.00 | 0.00    |
| If multiple dependent claims are presented, add \$280.00                     |   |  |                 |           |         |
| Total Amendment Fee  |   |  |                 |           | 72.00   |
| Applicant claims Small Entity Status (subtract 50% of Total Application Fee) |   |  |                 |           | 36.00   |
| Other fees:  |   |  |                 |           |         |
| TOTAL FEE DUE  |   |  |                 |           | \$36.00 |

| $\boxtimes$ | Check No. $\underline{7935}$ in the amount of \$ $\underline{36.00}$ for the total fee as calculated above.  |
|-------------|--|
|             | Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.   |
| $\boxtimes$ | The Commissioner is hereby authorized to charge any additional appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460. |

Dated: August 9, 2004
EDELL, SHAPIRO & FINNAN, LLC
CUSTOMER No. 27896
1901 Research Boulevard, Suite 400
Rockville, MD 20850

(301) 424-3640

By:

Patrick J. Finnan Reg. No. 39,189

Respectfully submitted by

EDELL, SHAPIRO & FINNAN, LLC